



174

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Patent Application

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit.

Date of Deposit:	12/24/2008	Name of Person Making the Deposit:	Jose S. Garcia	Signature of the Person Making the Deposit:	<i>Jose S. Garcia</i>
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rev. 10/04 kgr.

(period of suspension shall not exceed 3 months: Fee under 37 C.F.R. § 1.17(l) required)

b. Other _____

Extension of Term

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension	Fee
<input type="checkbox"/> one month	\$130.00
<input type="checkbox"/> two months	\$490.00
<input type="checkbox"/> three months	\$1110.00
<input type="checkbox"/> four months	\$1,730.00

Fee \$0.00

If an additional extension of time is required, please consider this a petition therefor.

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEES DUE

The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

CLAIMS					
	NO. OF CLAIMS	HIGHEST NUMBER OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEES
Basic Application Fee					\$810.00
Total Claims	44	- 44 =		X \$52 =	\$
Independent Claims	5	- 5 =		X \$220 =	\$
If multiple dependent claims are presented, add \$390.00					\$
TOTAL APPLICATION FEE DUE					\$810.00

PAYMENT OF FEES

1. The full fee due in connection with this communication is provided as follows:

- [X] The Commissioner is hereby authorized to charge fees associated with this communication or credit any overpayment to Deposit Account No.: 50-4160. A duplicate copy of this authorization is enclosed.
- [] A check in the amount of \$ _____
- [] Charge any other fees required or credit any overpayments associated with this filing to Deposit Account No.: 50-4160. A duplicate copy of this authorization is enclosed.

Please direct all correspondence concerning the above-identified application to the following address:

MURABITO HAO & BARNES LLP
Two North Market Street, Third Floor
San Jose, California 95113
(408) 938-9060

Respectfully submitted,

Date: 12/24/2008

By: Jose S. Garcia
Jose S. Garcia
Reg. No. 43,628

(period of suspension shall not exceed 3 months: Fee under 37 C.F.R. § 1.17(l) required)

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